

RECEIVED
CENTRAL FAX CENTER

OCT 22 2004

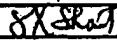
PTO/SB/21 (02-04)

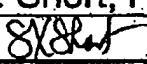
Approved for use through 07/31/2008. GUS 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/669,066
		Filing Date	09/23/2003
		First Named Inventor	Ba-Zhong Shen, Ph.D.
		Art Unit	2133
		Examiner Name	n/a
Total Number of Pages in This Submission		6	Attorney Docket Number
			BP3036

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached (Mo credit card payment form PTO-2038) <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Substitute Preliminary Amendment (3 pages) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): see remarks below			
Remarks: ATTN: Office of Petitions, FAX 703-872-9306 The following are also being submitted herewith via facsimile: 1. Renewed Petition under 37 C.F.R. §1.78(a)(3) for the acceptance of an unintentionally delayed claim for priority and Substitute Preliminary Amendment (5 pages)			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Garlick Harrison & Markison, LLP (USPTO CN 34399) Shayne X. Short, Ph.D. (Reg. No. 45,105)
Signature	
Date	10/22/2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Shayne X. Short, Ph.D. (Reg. No. 45,105)		
Signature		Date	10/22/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.